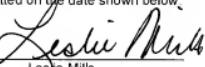


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Schuler et al. Application No: 09/852,408 Confirmation No: 5388 Filed: May 9, 2001 Title: LOCKOUT MECHANISM FOR AEROSOL DRUG DELIVERY DEVICES		Group No: 3772 Examiner: Nihir B. Patel Attorney Docket No: 00064.00 Thursday, March 13, 2008 San Francisco, California 94107				
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Extension of Time <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136				
Papers Enclosed <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Associate Power of Attorney Statement <input type="checkbox"/> Notice of Appeal (form PTO/SB31) <input type="checkbox"/> 0 Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return (1)		Extension (Months)	Extension Fee			
			Large Entity	Small Entity		
			<input type="checkbox"/> One Month	\$120.00	\$60.00	
		<input type="checkbox"/> Two Months	\$460.00	\$230.00		
		<input type="checkbox"/> Three Months	\$1,050.00	\$525.00		
Total \$ 0.00						
<input type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.						
Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	36	36	0	\$50.00	\$25.00	\$0.00
Independent Claims	4	4	0	\$210.00	\$105.00	\$0.00
Multiple Dependent Claims	0	0	0	\$370.00	\$185.00	\$0.00
Supplemental Information Disclosure Statement						
					Total	\$0.00
Fee Payment			Fee Deficiency			
Extension Fees	\$0.00		<input type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. 10-0258. and/or <input type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. 10-0258.			
Fees for Extra Claims	\$0.00					
Total	\$0.00					
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00 <input type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of \$0.00 .			Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please continue to send correspondence to: Guy V. Tucker Janah & Associates, P.C. 650 Delancey Street, Suite 106 San Francisco, California 94107			
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a): I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office at (571) 263-8300 or electronically transmitted on the date shown below.			Respectfully Submitted, By  Leslie Mills Date: March 13, 2008			
			Date: March 13, 2008 Guy V. Tucker Registration No. 45,302			